FOUR WINDS MANOR
303 SOUTH JEFFERSON

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VERONA 53593 Phone: (608) 845-64	65	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operatio	n: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/03):	68	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	71	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	64	Average Daily Census:	59
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Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	왕	
Home Health Care	No	Primary Diagnosis	용	Age Groups	용		9.4	
Supp. Home Care-Personal Care	No					1 - 4 Years	39.1	
Supp. Home Care-Household Services	No	Developmental Disabilities	3.1	Under 65	7.8	More Than 4 Years	17.2	
Day Services	No	Mental Illness (Org./Psy)	34.4	65 - 74	15.6			
Respite Care	No	Mental Illness (Other)	7.8	75 - 84	35.9		65.6	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	28.1	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.6	95 & Over	12.5	Full-Time Equivalent		
Congregate Meals No		Cancer	3.1	3.1		- Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.1		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	20.3	65 & Over	92.2			
Transportation	No	Cerebrovascular	7.8			RNs	9.2	
Referral Service	No	Diabetes	6.3	Gender	용	LPNs	10.8	
Other Services	No	Respiratory	6.3			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	6.3	Male	31.3	Aides, & Orderlies	35.3	
Mentally Ill	No			Female	68.8			
Provide Day Programming for		1	100.0					
Developmentally Disabled	No	1			100.0			
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Method of Reimbursement

		Medicare			edicaid itle 19			Other			Private Pay			amily Care			Managed Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	οlo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	4	100.0	342	29	96.7	126	5	100.0	126	23	100.0	165	0	0.0	0	2	100.0	170	63	98.4
Intermediate				1	3.3	106	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		30	100.0		5	100.0		23	100.0		0	0.0		2	100.0		64	100.0

FOUR WINDS MANOR

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	cions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of			ssistance of	-	Number of
Private Home/No Home Health	3.8	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	5.3	Bathing	0.0		82.8	17.2	64
Other Nursing Homes	1.5		26.6			42.2	64
Acute Care Hospitals	82.7	Transferring	37.5		53.1	9.4	64
Psych. HospMR/DD Facilities	1.5	Toilet Use	37.5		53.1	9.4	64
Rehabilitation Hospitals	0.0	Eating	82.8		4.7	12.5	64
Other Locations	5.3	*****	*****	*****	******	*******	*****
Total Number of Admissions	133	Continence		용	Special Treatmen	its	용
Percent Discharges To:	1	Indwelling Or Externa	al Catheter	10.9	Receiving Resp	iratory Care	17.2
Private Home/No Home Health	2.3	Occ/Freq. Incontinent	t of Bladder	31.3	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	43.8	Occ/Freq. Incontinent	t of Bowel	17.2	Receiving Suct	ioning	0.0
Other Nursing Homes	6.9				Receiving Osto	omy Care	4.7
Acute Care Hospitals	11.5	Mobility			Receiving Tube	Feeding	4.7
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	9.4	Receiving Mech	anically Altered Diets	25.0
Rehabilitation Hospitals	0.0				_	_	
Other Locations	20.0	Skin Care			Other Resident C	haracteristics	
Deaths	15.4	With Pressure Sores		3.1	Have Advance D	irectives	82.8
Total Number of Discharges	į	With Rashes		12.5	Medications		
(Including Deaths)	130				Receiving Psyc	hoactive Drugs	73.4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownership: is Proprietary		Bed	Size:	Lic	ensure:					
	This			50	-99	Ski	lled	All Facilities				
	Facility	Peer	Peer Group % Ratio		Group	Peer	Group					
	96	%			% Ratio		Ratio	%	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	83.1	86.2	0.96	87.1	0.95	88.1	0.94	87.4	0.95			
Current Residents from In-County	100	78.5	1.27	81.0	1.23	82.1	1.22	76.7	1.30			
Admissions from In-County, Still Residing	21.1	17.5	1.20	19.8	1.07	20.1	1.05	19.6	1.07			
Admissions/Average Daily Census	225.4	195.4	1.15	158.0	1.43	155.7	1.45	141.3	1.60			
Discharges/Average Daily Census	220.3	193.0	1.14	157.4	1.40	155.1	1.42	142.5	1.55			
Discharges To Private Residence/Average Daily Censu	s 101.7	87.0	1.17	74.2	1.37	68.7	1.48	61.6	1.65			
Residents Receiving Skilled Care	98.4	94.4	1.04	94.6	1.04	94.0	1.05	88.1	1.12			
Residents Aged 65 and Older	92.2	92.3	1.00	94.7	0.97	92.0	1.00	87.8	1.05			
Title 19 (Medicaid) Funded Residents	46.9	60.6	0.77	57.2	0.82	61.7	0.76	65.9	0.71			
Private Pay Funded Residents	35.9	20.9	1.72	28.5	1.26	23.7	1.52	21.0	1.71			
Developmentally Disabled Residents	3.1	0.8	3.89	1.3	2.46	1.1	2.82	6.5	0.48			
Mentally Ill Residents	42.2	28.7	1.47	33.8	1.25	35.8	1.18	33.6	1.26			
General Medical Service Residents	6.3	24.5	0.26	21.6	0.29	23.1	0.27	20.6	0.30			
Impaired ADL (Mean)	40.9	49.1	0.83	48.5	0.84	49.5	0.83	49.4	0.83			
Psychological Problems	73.4	54.2	1.35	57.1	1.29	58.2	1.26	57.4	1.28			
Nursing Care Required (Mean)	8.4	6.8	1.24	6.7	1.25	6.9	1.22	7.3	1.15			